

REDACTED - FOR PUBLIC INSPECTION

October 30, 2013

VIA HAND DELIVERY

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W., Room TW-A306
Washington, D.C. 20554

**Re: FCC Form 481 – Carrier Annual Report for Calendar Year 2013
WC Docket No. 10-90**

Dear Secretary Dortch:

On behalf of Airadigm Communications, Inc. (“Airadigm” or “Company”), SAC 339020 in Wisconsin, enclosed is a confidential version of Airadigm’s FCC Form 481 Carrier Annual Report submitted pursuant to Section 54.313 of the Commission’s Rules (“Form 481 Report”). The enclosed confidential version of the Form 481 Report has been marked “**CONFIDENTIAL – NOT FOR PUBLIC INSPECTION.**”

An additional copy of this filing has been provided, which you are requested to date-stamp and return in the envelope provided.

Airadigm is also submitting, via an electronic filing, a redacted public copy of the Form 481 Report. The redacted public copy has been marked “**REDACTED – FOR PUBLIC INSPECTION.**”

Airadigm respectfully requests confidential treatment of certain information provided in its Form 481 Report because this information is competitively sensitive and its disclosure would have a negative competitive impact on Airadigm were it made publicly available. Such information would not ordinarily be made available to the public, and should be afforded confidential treatment under 47 C.F.R. §§ 0.457 and 0.459.

47.C.F.R. § 0.457

Specific information in the Form 481 Report is confidential and proprietary to Airadigm as “trade secrets and commercial or financial information” under 47 C.F.R. § 0.457(d). Disclosure of such information to the public would risk revealing company-sensitive proprietary information in connection with Airadigm’s ongoing business and operations.

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October 30, 2013
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47 C.F.R. § 0.459

Specific information in the Form 481 Report is also subject to protection under 47 C.F.R. § 0.459, as demonstrated below.

Information for which confidential treatment is sought

Airadigm requests that specific information in the Form 481 Report be treated on a confidential basis under Exemption 4 of the Freedom of Information Act. The information designated as confidential includes (1) information relating to Airadigm's capability to maintain network functionality during emergency situations and (2) information relating to Airadigm's outreach to and engagement with Tribal authorities.

Confidential information marked within the Form 481 Report has been marked "Redacted" or blacked out. Descriptive documents relating to the network functionality in emergency situations and Tribal lands reporting also include confidential information and are marked "**CONFIDENTIAL – NOT FOR PUBLIC INSPECTION.**"

Information relating to Airadigm's capability to maintain network functionality during emergency situations and its outreach to and engagement with Tribal authorities is competitively sensitive information that Airadigm maintains as confidential and is not normally made available to the public. Release of the information would have a substantial negative impact on Airadigm since it would provide competitors with commercially sensitive information.

Commission proceedings in which the information was submitted

The information is being submitted in Airadigm's Form 481 Report, WC Docket No. 10-90.

Degree to which the information in question is commercial or financial, or contains a trade secret or is privileged

The information in question is competitively sensitive information which is not normally released to the public as such release would have a substantial negative competitive impact on Airadigm.

Degree to which the information concerns a service that is subject to competition and manner in which disclosure of the information could result in substantial harm

The release of this confidential and proprietary information would cause Airadigm competitive harm by allowing its competitors to become aware of sensitive proprietary information regarding the operation of Airadigm's business at a level of detail not currently available to the public.

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REDACTED - FOR PUBLIC INSPECTION

Measures taken by Airadigm to prevent unauthorized disclosure and availability of the information to the public and extent of any previous disclosures of the information to third parties

Airadigm has treated and continues to treat the non-public information disclosed in this Form 481 Report as confidential and has protected it from public disclosure to parties outside of the company.

Justification of the period during which Airadigm asserts that the material should not be available for public disclosure

Airadigm cannot determine at this time any date on which this information should not be considered confidential.

Other information Airadigm believes may be useful in assessing whether its request for confidentiality should be granted

Under applicable Commission decisions, the information in question should be withheld from public disclosure.

Please contact the undersigned at 703-584-8669 if any questions arise concerning the above-referenced enclosures or if you require any additional information.

Sincerely,

David L. Nace
Robert S. Koppel

Attorneys for:
Airadigm Communications, Inc.

Enclosure

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	339020
<015> Study Area Name	AIRADIGM COMMUNICATIONS INC.
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Linda Springer
<035> Contact Telephone Number: Number of the person identified in data line <030>	920-707-7029
<039> Contact Email Address: Email of the person identified in data line <030>	lspringer@airadigm.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice) <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		
<300> Unfulfilled Service Requests (voice) <i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)		
<320> Unfulfilled Service Requests (broadband) <i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband) <i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed		
<420> Mobile		
<430> Number of Complaints per 1,000 customers (broadband)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed		
<450> Mobile		
<500> Service Quality Standards & Consumer Protection Rules Compliance <i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <input type="text" value="339020w1510"/> <i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations <i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <input type="text" value="339020w1610"/> <i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice) <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband) <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <i>(if yes, complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability <i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <input type="text" value=""/> <i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <i>(if not, check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110> <input type="text" value=""/> <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers <i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>

(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	339020
<015> Study Area Name	AIRADIGM COMMUNICATIONS INC.
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Linda Springer
<035> Contact Telephone Number - Number of person identified in data line <030>	920-707-7029
<039> Contact Email Address - Email Address of person identified in data line <030>	lspringer@airadigm.com
<110> Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111> If your answer to Line <110> is yes, do you have an existing "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

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<035>	Contact Telephone Number - Number of person identified in data line <030>	920-707-7029
<039>	Contact Email Address - Email Address of person identified in data line <030>	lspringer@airadigm.com

-- See attached worksheet --

<010>	Study Area Code	339020
<015>	Study Area Name	AIRADIGM COMMUNICATIONS INC.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Linda Springer
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<039>	Contact Email Address - Email Address of person identified in data line <030>	lspringer@airadigm.com

<010>	Study Area Code	339020
<015>	Study Area Name	AIRADIGM COMMUNICATIONS INC.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Linda Springer
<035>	Contact Telephone Number - Number of person identified in data line <030>	920-707-7029
<039>	Contact Email Address - Email Address of person identified in data line <030>	lspringer@airadigm.com
<810>	Reporting Carrier	Airadigm Communications, Inc.
<811>	Holding Company	
<812>	Operating Company	Airadigm Communications, Inc.

-- See attached worksheet --

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	339020
<015>	Study Area Name	AIRADIGM COMMUNICATIONS INC.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Linda Springer
<035>	Contact Telephone Number - Number of person identified in data line <030>	920-707-7029
<039>	Contact Email Address - Email Address of person identified in data line <030>	lspringer@airadigm.com

<910>	Tribal Land(s) on which ETC Serves	Oneida Tribe of Indians of Wisconsin
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<920>	Tribal Government Engagement Obligation	339020w1920
		Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

	Select (Yes,No, NA)
<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	Yes
<922> Feasibility and sustainability planning;	Yes
<923> Marketing services in a culturally sensitive manner;	Yes
<924> Compliance with Rights of way processes	Yes
<925> Compliance with Land Use permitting requirements	Yes
<926> Compliance with Facilities Siting rules	Yes
<927> Compliance with Environmental Review processes	Yes
<928> Compliance with Cultural Preservation review processes	Yes
<929> Compliance with Tribal Business and Licensing requirements.	Yes

(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	339020
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<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Linda Springer
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<039> Contact Email Address - Email Address of person identified in data line <030>	lspringer@airadigm.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)
 ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)
 ☐

(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form		July 2013

<010>	Study Area Code	339020
<015>	Study Area Name	AIRADIGM COMMUNICATIONS INC.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Linda Springer
<035>	Contact Telephone Number - Number of person identified in data line <030>	920-707-7029
<039>	Contact Email Address - Email Address of person identified in data line <030>	lspringer@airadigm.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP www.airfiremobile.com/Lifeline

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	339020
<015>	Study Area Name	AIRADIGM COMMUNICATIONS INC.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Linda Springer
<035>	Contact Telephone Number - Number of person identified in data line <030>	920-707-7029
<039>	Contact Email Address - Email Address of person identified in data line <030>	lspringer@airadigm.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

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Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

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Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

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(3000) Rate Of Return Carrier Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	339020
<015> Study Area Name	AIRADIGM COMMUNICATIONS INC.
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<030> Contact Name - Person USAC should contact regarding this data	Linda Springer
<035> Contact Telephone Number - Number of person identified in data line <030>	920-707-7029
<039> Contact Email Address - Email Address of person identified in data line <030>	lspringer@airadigm.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010) Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012,	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3011) contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(iii)}	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		<input type="checkbox"/> (Yes/No)
(3014) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input type="checkbox"/> (Yes/No)
(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3018) If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :		<input type="checkbox"/> (Yes/No)
(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3023) Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024) Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026) Attach the worksheet listing required information	Name of Attached Document Listing Required Information	<input type="checkbox"/>

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<035>	Contact Telephone Number - Number of person identified in data line <030>	920-707-7029
<039>	Contact Email Address - Email Address of person identified in data line <030>	lspringer@airadigm.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	339020
<015> Study Area Name	AIRADIGM COMMUNICATIONS INC.
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Linda Springer
<035> Contact Telephone Number - Number of person identified in data line <030>	920-707-7029
<039> Contact Email Address - Email Address of person identified in data line <030>	lspringer@airadigm.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Ginger Johnstone</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Ginger Johnstone
Name of Reporting Carrier:	AIRADIGM COMMUNICATIONS INC.
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/09/2013
Printed name of Authorized Officer:	Linda Springer
Title or position of Authorized Officer:	Senior Manager-Finance & Accounting
Telephone number of Authorized Officer:	920-707-7029
Study Area Code of Reporting Carrier:	339020 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	AIRADIGM COMMUNICATIONS INC.
Name of Authorized Agent or Employee of Agent:	Ginger Johnstone
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/09/2013
Printed name of Authorized Agent or Employee of Agent:	Ginger Johnstone
Title or position of Authorized Agent or Employee of Agent:	Paralegal
Telephone number of Authorized Agent or Employee of Agent:	7035848678
Study Area Code of Reporting Carrier:	339020 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	339020
<015>	Study Area Name	AIRADIGM COMMUNICATIONS INC.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Linda Springer
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<039>	Contact Email Address - Email Address of person identified in data line <030>	lspringer@airadigm.com
<810>	Reporting Carrier	Airadigm Communications, Inc.
<811>	Holding Company	
<812>	Operating Company	Airadigm Communications, Inc.

[illegible]

Airadigm Communications

**Line 510 – Compliance with Service Quality Standards and
Consumer Protection**

Airadigm Communications, Inc. (“Airadigm”) hereby certifies that it complies with applicable service quality and consumer protection practices in connection with its provision of wireless voice services. Among other things, Airadigm:

- (1) Discloses rates and terms of its voice services to customers.
- (2) Makes available maps showing where voice services are generally available.
- (3) Provides contract terms to customers and confirms changes in voice service.
- (4) Allows a trial period for new voice service.
- (5) Provides specific disclosures in advertising.
- (6) Separately identifies carrier charges from taxes on billing statements.
- (7) Provides customers the right to terminate voice service for changes to contract terms.
- (8) Provides ready access to customer service.
- (9) Promptly responds to consumer inquiries and complaints received from government agencies.
- (10) Abides by CPNI rules and other rules for the protection of consumer privacy.
- (11) Provides consumers with access to voice, data and messaging usage.
- (12) Does not offer customers international roaming.

Airadigm Communications, Inc.

Line 610 – Functionality in Emergency Situations

REDACTED – FOR PUBLIC INSPECTION

REDACTED - FOR PUBLIC INSPECTION

Airadigm Communications

Lines 910 – 929: Tribal Lands Reporting

REDACTED – FOR PUBLIC INSPECTION